

Illinois Early Learning Council Annual Report

January 1 – December 31, 2020



Governor's Office of
Early Childhood Development
Illinois Early Learning Council

Table of Contents

Letter from the Leadership

Governor's Office of Early Childhood Development 1

Preschool Development Grant Birth through Five (PDG B-5) 1

Illinois Infant/Early Childhood Mental Health Consultation 10

Maternal, Infant, and Early Childhood Home Visiting Program 12

COVID-19 Communications 16

Early Learning Council Committee Reports 19

Access Committee 19

Home Visiting Task Force Committee 25

Integration and Alignment Committee 32

Quality Committee 40



Letter from the Leadership

Dear Governor JB Pritzker and General Assembly,

The goal of the Early Learning Council (ELC) is to fulfill the vision of a statewide, equitable, high-quality, accessible, and comprehensive early learning system to benefit all young children whose families choose it. P. A. 93-380 requires the ELC to annually report to the Governor and General Assembly on the Council's progress towards its goals and objectives. This Annual Report highlights the goals, accomplishments and challenges of the Council's standing committees and subcommittees. In addition, highlights from the Governor's Office of Early Childhood Development (GOECD) are included.

The COVID-19 pandemic resulted in an especially challenging year for Illinois' early childhood mixed delivery system. The impact was felt among children, families, and the early childhood education and care workforce. There were increased needs that required a pivot and a nimble approach to be responsive within a fragile state system as a result of the pandemic.

While challenging, the pandemic presented several opportunities to be proud of the work that, with coordination and collaboration, was achieved in Illinois, which included the offering of a range of modalities for children and families to be able to continue to access services. Services like home visiting, early intervention, and child care remained a lifeline for families across the State, and providers in

family, community-based, and school settings adapted to provide these essential services.

Racial equity continues to be a priority for the Early Learning Council and GOECD. The ELC continues its work to ensure the membership, governance, and work of the ELC reflects and advances racial equity. During this timeframe the Early Learning Council Family Advisory Committee has been established, creating a structure that includes family voice in advising state-level policy.

This Annual Report represents varied work that is made possible through our public/private partnerships and cross-system collaboration. As we build back Illinois' early childhood system, we will need expanded social and emotional supports for children, families, and providers; improved access to data to identify and implement policies that will have beneficial outcomes for children and families; and outreach to families to promote the importance and availability of early childhood programs. We want Illinois' youngest learners and their families back in their early care and education settings to provide the necessary systems of supports that will facilitate our children's learning recovery.

We are grateful for the contributions of our members and remain committed to our vision as we move forward during these uncertain times. Thank you for your continued support of our efforts and Illinois' children and families.

In service,

Phyllis Glink
Executive Director
Irving Harris Foundation
Co-Chair
Early Learning Council

Jesse H. Ruiz
Deputy Governor for Education
Office of the Governor
Co-Chair
Early Learning Council



Governor's Office of Early Childhood Development

The Governor's Office of Early Childhood Development (GOECD) staffs the Illinois Early Learning Council (ELC) and leads the State's initiative to create an integrated system of quality early learning and development programs to support Illinois' vision:

We envision Illinois as a place where every young child — regardless of race, ethnicity, income, language, geography, ability, immigration status, or other circumstance — receives the strongest possible start to life so they grow up safe, healthy, happy, ready to succeed, and eager to learn.

Major accomplishments between January 1, 2020 – December 31, 2020 include:

Preschool Development Grant Birth through Five (PDG B-5)

GOECD, in partnership with the Illinois State Board of Education (ISBE) as our fiscal agent, is leading a series of activities with partners across Illinois' mixed delivery system to: enhance the statewide birth through five needs assessment

and the State's PDG B-5 Strategic Plan; maximize parent and family knowledge of, and engagement in, Illinois' early childhood programs; share best practices and support professional development for the early childhood workforce; improve the quality of, and access to, early childhood programs; monitor, evaluate, and update data systems to ensure continuous improvement; support Coordinated Intake within home visiting collaborative communities; expand Illinois' Infant/Early Childhood Mental Health Consultation (I/ECMHC) infrastructure across systems; and support kindergarten transitions to streamline alignment from birth through the early grades.

Key PDG B-5 accomplishments in 2020 include:

Family Advisory Committee of the Early Learning Council

Goals:

In order to establish the Family Advisory Committee (FAC) as a committee that imparts parent and family voice within the Early Learning Council (ELC), the following goals were set for 2020:

- Establish the FAC as an official committee within the ELC by selecting co-chairs that will ultimately serve on the full Council and the ELC Executive Committee.
- Conduct statewide recruitment of parents to serve as FAC parent leaders.
- Select members of FAC who represent diverse backgrounds, ethnicities, family backgrounds, experiences, early childhood education interests, and all geographical regions of Illinois.
- Provide orientations to the newly formed committee through trainings and various forms of support.

Challenges:

- During the recruitment process, the response from several regions downstate was minimal. Deadlines had to be extended and recruitment efforts remarketed to receive a sufficient pool of applicants.
- The entire planning, marketing, recruitment and selection process took more time than anticipated.
- Access to digital resources for parents may have limited the ability for some to respond. An option to send a paper application was offered,

though the majority of marketing and recruitment remained digital due to COVID-19.

- Timely processing of parent leaders' paperwork was a challenge due to the lack of technology and needed software.

Accomplishments:

- The marketing and recruitment for the FAC began with a kickoff event/online viewing party of the documentary "No Small Matter", which highlights the impact of both access and lack of access to high-quality early childhood education and care for families. After the recruitment event, over 100 applications were submitted from parents across the State who were interested in serving as parent leaders on the FAC.
- After reviewing applications using a process created by the ELC Family Engagement Implementation Subcommittee, the body that created the recommendation for the establishment of the FAC, 16 parent leaders (two per region and four in Cook County) were selected.
- Mentors from the Family Engagement Implementation Subcommittee have been supporting FAC parent leaders by participation in meetings and trainings and by sharing their experiences with early childhood parent advocacy.
- FAC parent leaders participated in ELC orientations and ongoing trainings around advocacy and leadership in addition to weekly meetings with their Family Engagement Associate liaison.

Lessons Learned due to the COVID-19 pandemic:

- How information is disseminated impacts responses. Some parents with limited technology resources may not have been able to respond to the outreach while other parents may have experienced information overload and dismissed the marketing.
- Having meetings via a web platform allowed for increased participation that may not have been possible otherwise. Finding an intentional way to continue to support virtual meetings where participants on digital platforms are equitably included when in-person meetings resume would be impactful.

Pyramid Model Implementation

Goals:

- Expand the number of early childhood education and care (ECEC) programs implementing the Pyramid Model. (This work is outlined in the “Quality” area of the [PDG B-5 Strategic Plan](#).)
- Expand access to Pyramid Model Practice trainings.
- Expand access to Pyramid Model program wide implementation supports (Process Coach, job embedded training, etc.).

Challenges:

- The ongoing challenges to Pyramid Model implementation include: the time it takes for program personnel to meet and plan, the logistics of job-embedded coaching, and the need for increased knowledge of Pyramid Model practices among staff.
- Additionally, programs struggled to adapt to implementing the Pyramid Model remotely and provide continued support for families in a remote environment.

Accomplishments:

- Pyramid Model implementation sites had Early Childhood - Benchmark Of Quality results that indicate progress over the past two years. For these programs, notable progress has been made in several areas including: Staff Buy-in, Family Engagement, Establishing Program-wide Expectations, and Professional Development and Staff Support Plans.
- Pyramid Model implementation activities in fall 2020 included an emphasis on: family engagement to bridge school and home to support remote learning, finding new ways to support children’s social-emotional development, and sharing program-wide expectations.
- The training emphasis for staff in 2020 was on Trauma and Wellness via the ePyramid Trauma Informed Care and the Pyramid Model and Wellness: Taking Care of Yourself.

Lessons Learned due to the COVID-19 pandemic:

- Program leaders indicated the need for continued support from Process Coaches, assistance for engaging and supporting families, and guidance

for implementing the Pyramid Model remotely or with COVID-19 adjustments in classrooms.

- Process Coaches and professional development providers needed additional training opportunities related to remote coaching strategies, guidance around adapting Pyramid Model practices to remote/virtual teaching and learning, and more opportunities to reflect and share “what works” with other Process Coaches.

Illinois Gateways to Opportunity Early Childhood Education Credential Competency Project

Goals:

- Transition from standards-based to competency-base educator preparation.
- Create individual modules for each early childhood teacher preparation competency in order to increase access and provide an additional avenue for the early childhood workforce to achieve credential(s) and degrees.
- Individualize competencies into discrete modules to reduce barriers for students and provide a way for colleges and universities to provide individualized and student-centered approaches to showing competence on the early childhood competencies.

Challenges:

- The project timeframe occurred during the COVID-19 pandemic (July-December 2020). The time of the project had both positive influences and self-reported increased stress among faculty members.
- The project occurred during the pandemic, which meant team members could not meet in person. Additionally, team membership spanned the State of Illinois, which required the use of various technology applications.

Accomplishments:

- A scope and sequence process were incorporated after the project started. Once the faculty began diving deeper into module development, it became clear that a scope and sequence was needed for each competency area to ensure that modules built on each other, covered

appropriate content at the appropriate level, did not duplicate learning activities, and were transparent and consistent in structure.

- Adaptation during the module development project was needed to develop sub-competencies for CPD 4, which focuses on curriculum methods, and CPDS, which focuses on curriculum content. Sub-modules were needed to ensure fidelity of each competency was achieved through module completion.
- A total of 66 modules were completed and will be piloted during calendar year 2021 at five higher education institutions selected as part of the grant:
 - Heartland Community College, Normal IL
 - Illinois State University, Normal, IL
 - Moraine Valley Community College, Palos Hills, IL
 - National Louis University, Chicago, IL
 - Northern Illinois University, DeKalb, IL
- The project provided faculty with a clear method of curriculum development. Their engagement through discussions, module development, and the feedback provided improved their practices of developing courses (backwards design).
- Faculty survey results indicated that most of the PDG B-5 faculty experienced some professional growth through the process of writing, reviewing, and revising modules.
- The modules have provided a well-designed, focused curriculum with learning activities, formative assessments, resources, and supports tied directly to each of the competencies; the modules will have an impact on the curriculum and instructional design of early childhood teacher educator programs.

Lessons Learned due to the COVID-19 pandemic:

- Timing was fortuitous because of the immediate need for, and reality of, online courses in higher education. Online learning became a reality for all university students and faculty during the project period.

ExceleRate Tiered QRIS/Tiered Funding Pilot Project

Goals:

- Design a pilot program to test a new approach to Quality Rating and Improvement as recommended by the ExceleRate Subcommittee of the Early Learning Council Quality Committee. The revised standards focus on building organizational cultures that support continuous improvement.
- Implement the program with child care centers in selected counties and collect data on the potential for statewide use. In this approach, the Illinois Department of Human Services (IDHS) pays the incremental staffing cost needed to meet the new standards, and child care centers implement the standards. In the pilot, centers are testing whether this approach is workable and effective. Pilot structure and rationale are more fully described in the paper, [ExceleRate Pilot for Child Care Centers](#).

Challenges:

- Identifying challenges and developing strategies to overcome them is the purpose of a pilot. Lessons learned can be shared out in the next iteration of this Annual Report.

Accomplishments:

- GOECD established a minimum salary scale to reduce turnover, and an enhanced staffing pattern (beyond licensing requirements) to support team reflection and planning.
- IDHS executed contracts with 36 centers in selected rural counties. The centers raised wages to pilot scale (incremental amount is funded) and began to improve staffing patterns to new Bronze level (new positions are funded).
- The Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) processed center payroll reports, verifying salaries and staff credential levels through the Gateways Registry.
- With support from the McCormick Center for Early Childhood Leadership at National-Louis University, the centers began to implement pilot standards that include regular team reflection and planning for improvement.

Lessons Learned due to the COVID-19 pandemic:

- Even in the face of threats to their survival, center directors demonstrated enthusiasm and energy for quality improvement.

Integrated Referral and Intake System for Coordinated Intake Project (IRIS CI)**Goals:**

- Select five community partners to participate in the project.
- Launch the project by July 1, 2020.

Challenges:

- The COVID-19 pandemic caused a delay in the selection process, as eligible program applicants redirected their focus to providing emergency child care services to essential workers, as well as to adapting to continuous changes and rising needs in communities.
- Budgetary and contracting constraints no longer made the original design of the pilot feasible to implement.

Accomplishments:

- In response to the challenges, the project was redesigned to implement the Integrated Referral and Intake System (IRIS) in home visiting collaboratives, thereby maintaining the original intent of increasing the number of coordinated intake communities in Illinois.
- Based on an assessment of community capacity and readiness needed for the IRIS implementation work, four home visiting collaboratives were selected to start the project at the beginning of 2021.

Lessons Learned due to the COVID-19 pandemic:

- During the pandemic, home visiting has been a critical touch point and essential service for families as they navigate social isolation, economic uncertainty, the challenge of balancing work without child care, and other unique and heightened stressors.

Prenatal to Three (PN3) Alignment with the PDG B-5 and Other State Initiatives

Start Early (formerly the Ounce of Prevention Fund), together with GOECD leads Illinois' Prenatal to Three (PN3) Coalition as a public/private partnership. The vision for the PN3 initiative is to close the opportunity gap with our earliest learners so that every expecting family and child in Illinois has the care and learning they need during their most formative years to create the strongest foundation for success in life. In 2020, the PN3 Agenda was cross-walked with the [PDG B-5 Strategic Plan](#), as well as the other grant activities. Each of the PDG B-5 strategic goals in the focus areas of Access, Coordination, Quality, and Workforce align with PN3 Agenda objectives. This alignment enables Illinois to coordinate efforts to track and report on progress in implementation. Additionally, the work of the [Illinois Commission on Equitable Early Childhood Education and Care Funding](#) ("Early Childhood Funding Commission") on adequate funding and cohesive governance moves forward a critical set of objectives from the PN3 Agenda. In this area of overlap, both initiatives move forward together.



Illinois Infant/Early Childhood Mental Health Consultation (I/ECMHC)

Goals:

- Finalize the Infant/Early Childhood Mental Health Consultation Pilot Evaluation of the Illinois Model.
- Hire a Communications and Dissemination Coordinator at GOECD.
- Hire a statewide Infant/Early Childhood Mental Health Consultation Coordinator at GOECD.

Challenges:

- Due to COVID-19, I/ECMHC had to transition from in-person to virtual consultation, which limited the relationship and capacity building needed to truly advance social-emotional and reflective consultation.
- As the State moved through the re-opening phases resulting from the pandemic, an in-person protocol was not standardized across all Consultants, as some are program-embedded and others are independent contractors.

Accomplishments:

- The Mental Health Consultation Initiative transition from the Children's Mental Health Partnership to GOECD, cementing a public/private partnership.

- GOECD hired a Communications and Dissemination Coordinator.
- GOECD hired a statewide Infant/Early Childhood Mental Health Consultation Coordinator.
- To facilitate the retirement of Colette Lueck, Project Director at the Infant/Early Childhood Mental Health Consultation Initiative, the stewardship of the I/ECMHC Leadership Team was transitioned to the Infant Mental Health Consultation Coordinator at GOECD.

Lessons Learned due to the COVID-19 pandemic:

- All children and families are experiencing collective trauma. However, COVID-19 has shined a light on the impacts of the generational underinvestment in Latinx, African American, and rural communities across the State.
- COVID-19 has allowed Illinois to identify opportunities to streamline communication and connect to members of the Infant/Early Childhood Mental Health Consultation workforce that are independent contractors and program-embedded.
- Early childhood education and care providers need timely and consistent responses from Infant/Early Childhood Mental Health Consultants, which can only be met with increased investment from the State.



Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

Goals:

Illinois has long valued evidence-based home visiting programs as an effective and efficient strategy for improving the life trajectory of expectant and new families who are at risk for poor health, educational, economic, and social outcomes. In service of this goal, over the past three decades Illinois has developed a robust statewide home visiting system that cuts across agencies and funding streams, reaching from the highest levels of government to the providers on the ground.

Illinois has received federal MIECHV funding since the program's inception in 2010. The MIECHV program includes the following three overarching goals:

- Increase the capacity of MIECHV-funded programs and communities to effectively implement Title V activities.
- Increase the implementation of coordinated services in At Risk Communities (ARCs) to address the needs of eligible families.
- Increase [the number of] eligible families in ARCs with improved outcomes through comprehensive services.

Challenges:

- Virtual home visiting was a lifeline for some families during COVID-19, but the virtual engagement of new families proved challenging. While some programs reported virtual visits actually increased the engagement levels of some priority populations (such as teen parents), many families also lacked access to reliable WiFi and other technology devices. Though efforts to expand equitable access to technology continue—including leveraging private dollars or partnerships with school districts to purchase or loan internet-enabled devices to families—gaps in access persist. Addressing technology and internet disparities is critically important, as the brief, masked, distanced in-person contacts with families who could not be reached by other means that were initially allowed during Phase 4 of Restore Illinois are not advisable when communities are under mitigation.
- During the pandemic, while some parents were positively empowered to lead the assessment process via virtual engagements, home visitors faced challenges in performing screenings remotely, including difficulties assessing child development and parent-child attachment. With heightened concern for mental health and intimate partner violence (IPV) risks during the pandemic, virtual screenings for IPV were not best practice, as there is no way to confirm participant safety or privacy. Illinois MIECHV continues to consult with experts and utilize Infant/Early Childhood Mental Health Consultation to support home visiting practice. In addition, Illinois MIECHV serves on the Advisory Committee of the National Institute for the Advancement of Family Support Professionals, which has launched Rapid Response training modules that support numerous aspects of home visiting service delivery (virtual and in-person).
- Illinois MIECHV data showed that families missed well-child visits, immunizations, and postpartum visits during the pandemic. During the height of the lockdown, parents were not sure if they could bring their children to the doctor, or they did not want to risk bringing them because of potential exposure to COVID-19. Also, some participants chose not to breastfeed due to conflicting guidance on COVID-19 and breastfeeding, which may have longer term health impacts. In response, Illinois MIECHV is promoting public health messaging regarding well-child and maternal health care, including breastfeeding resources from the Illinois State Physical Activity and Nutrition (ISPAN) program.

Accomplishments:

Overview of MIECHV families and services (FFY20):

- 1,298 adults (including 219 pregnant persons).
- 1,408 children (including 718 children < 1 year old).
- 1,260 households (including 1,087 earning less than 100% FPL and 174 with child welfare involvement).
- 17,489 home visits completed (visits were in-person prior to the pandemic and virtual since March 2020).

Child Welfare and Home Visiting: Based on the lessons learned from a MIECHV-funded home visiting pilot with pregnant and parenting youth in child welfare care, the Illinois Department of Children and Family Services (DCFS) launched an initiative at the Erikson DCFS Early Childhood Project to connect DCFS Intact Families with home visiting, with funds from the Preschool Development Grant Birth through Five (PDG B-5). Despite the pandemic, the project reached 126 families during its inaugural year, 43 of which enrolled in home visiting. The project's 2020 [annual report](#) describes opportunities to strengthen cross-systems connections between child welfare and home visiting, to be implemented in the coming year.

Home Visiting Needs Assessment: Despite the challenges of collecting and integrating data from multiple funders, home visiting models, and programs during a pandemic, Illinois completed its MIECHV statewide home visiting needs assessment on time in the fall of 2020. Conducted by the Center for Prevention Research and Development (CPRD) at the University of Illinois, the needs assessment prioritized 34 counties for expansion of home visiting, based on concentration of risk factors, estimated number of eligible families, and current service capacity. Stakeholders including the Needs Assessment Advisory Committee and the Early Learning Council Home Visiting Task Force will discuss ways to streamline and update the data for timely use by funders, as well as ways to coordinate across funders to minimize over- or under-saturation of home visiting services.

Family Connects Illinois (FC IL)—Universal Newborn Screening Program: Family Connects launched in Stephenson and Peoria Counties with MIECHV funding, and now this universal newborn screening model is being used in several hospitals in the City of Chicago. The Family Connects Illinois nurses identify all eligible families with a newborn that could benefit from home visiting as well as other

services. Community Advisory Boards support each site in expanding their community referral partnerships.

Home Visiting for Homeless Families Demonstration Project: This project seeks to improve the developmental trajectories of children experiencing homelessness. The project partners with 10 home visiting programs in Chicago, the south suburbs, and Springfield. In FY2020, a partnership was established with Chapin Hall at the University of Chicago to develop a proposal to more formally evaluate the impact of the homelessness project. The proposal was accepted for funding by the Pritzker Children's Initiative and the evaluation activities will begin in FY2021.

Lessons Learned due to the COVID-19 pandemic:

- As a supplement to in-person services, families would benefit from technology supports that include devices and WiFi for families and training for both families and home visitors. Increasing Medicaid coverage for prenatal-to-3 telehealth and virtual services may be one way to address the digital divide, alongside efforts to increase access to WiFi and devices, particularly in rural communities.
- The pandemic has created heightened stress and economic instability for families who were already struggling with multiple challenges. The uncertainty of these times has also created anxiety for home visitors and other early childhood service providers who must juggle their own families' remote learning and financial needs. Expanded social, emotional, and mental health supports for children, families, and providers are crucial to building back the system. Increased access to Infant/Early Childhood Mental Health Consultation will continue to be essential throughout the remainder of the pandemic and beyond.
- There were pandemic-related delays in the completion of some health and developmental screenings and visits, and service providers reported a lack of cross-system knowledge about how services were operating during COVID-19, resulting in decreased referrals. As a result, Early Intervention, healthcare providers, mental health professionals, domestic violence shelters and programs, and others are likely to see an influx of referrals when in-person services resume on a large scale. These other systems should also prepare for the anticipated demand for services as Illinois rebuilds a comprehensive system of supports for pregnant persons and families with young children.



COVID-19 Communications

Goals:

- Share and communicate important, timely, state-level decisions, along with other information related to the COVID-19 pandemic, to families and early childhood education and care (ECEC) providers across the State of Illinois.
- Collaborate across early childhood state agencies to ensure guidance and resources are developed across systems and messaging to the field is streamlined.
- Develop Illinois-specific guidance and resources, as well as direct people to newly developed, relevant, and supportive state and federal resources to help support children, families, communities, and programs as Illinois navigates through the various stages of the COVID-19 pandemic.

Challenges:

- Early childhood is siloed within state government. The pandemic forced unprecedented cross-systems collaboration, which ultimately proved to be extremely beneficial, but was undoubtedly difficult to navigate in the first few months of the COVID-19 pandemic.
- How does a single entity cover key communications to all Illinoisans, families with young children, early childhood programs, and early

childhood staff across the various sectors within Illinois' mixed delivery system?

Accomplishments:

- GOECD has become a trusted resource for numerous families and early childhood education and care providers across the State.
- The gov.oecd@illinois.gov email address was offered as a resource for all early childhood-related questions about COVID-19. GOECD served as triage, guiding questions to the relevant state agencies for response, and additionally sent out over 1,000 individualized emails to answer submitted inquiries and requests for help. GOECD staff continue to respond daily to inquiries submitted from the field.
- The GOECD website has become the resource hub, both within the State and nationally, for COVID-19 resources specifically targeting families and early childhood providers. In April and May of 2020, visits to the GOECD website increased from 2,000 to 34,000 unique visitors, a 1600% increase.
 - The [COVID-19 for Early Childhood](#) web page contains links to the most up-to-date COVID-19 information and a chronological listing of updates and resources from Illinois State Agencies and the Governor's Office.
 - The [Resources to Support Providers through COVID-19](#) web page contains important guidance and resources to support child care, Early Intervention, Head Start/Early Head Start, and home visiting providers as Illinois transitions through the phases of the Restore Illinois Plan.
 - The [COVID-19 Resources for Families with Young Children](#) web page features an Emotional Well-being Toolkit to help families manage stressors and promote wellness during these challenging times, in addition to other essential resources.
- The GOECD email list grew from 2,000 to over 7,000 subscribers (a 250% increase) due to an increase in the number of individuals who signed up to receive updates and information on behalf of the State.
- Illinois made great strides in its cross-system collaboration and communication as a result of the pandemic. State-level committees and leadership teams that were formed due to the urgency of emergency

response continue to meet regularly to ensure greater alignment across child- and family-serving systems.

Lessons Learned due to the COVID-19 pandemic:

- Illinois has an evident gap in communication to families, especially those who are not engaged in programs or who do not utilize technology (website, email marketing).
- While many of GOECD's communications efforts proved to be successful in terms of reach and access, since the volatility and urgency of the pandemic has subsided and needs are being assessed and decisions made on a much more local level, communications to families and providers by local, trusted messengers about the specifics of the local context (e.g. vaccine availability and distribution) is critical.



Early Learning Council Committee Reports

Access Committee

Goals:

- Serve more of the highest need children in high-quality early childhood programs.
- Expand and improve state and community-based policies and practices that include language to support priority populations being served in early learning programs.
- Advance policies and system practices that include language to support family and community engagement in early learning programs.
- Launch and engage families through the Family Advisory Committee.

Challenges:

- The Access Committee met twice in 2020, in January and May. Due to the pandemic, the March meeting was canceled. Sadly, our chair, Maria Whelan, passed away in June, and the Committee did not meet the rest of the year.

Accomplishments:

- Launched the Family Advisory Committee in collaboration with GOECD.
- Initiated a project to create recommendations to help ensure children involved in the child welfare system receive high-quality early education and care services.
- Executed a COVID-19 survey and shared results with ELC co-chairs.

Lessons Learned due to the COVID-19 pandemic:

- In May's meeting, the Committee was clear that the need for clear communication from the federal to the local level was crucial in ensuring accurate information was disseminated to providers and families.
- Collecting data on enrollment for early childhood services was raised early in the COVID-19 "shut down" period by Committee members.

Family Engagement Implementation Subcommittee (FEIS)**Goals:**

- Finalize all materials needed to launch the Family Advisory Committee (FAC), including recruitment flyers, selection criteria, and an orientation outline.
- Launch the FAC, with two FEIS parents now serving as FAC members and six serving as FAC mentors.

Challenges:

- There is a need for Spanish translation support. Occasionally, minutes and agendas were able to be translated for the subcommittee, but these services relied on time from advocacy staff, and capacity to provide translation to these materials was not always consistent.
- Live translation of meetings relied on the capacity of one person and at times was difficult to execute; however, this challenge proved to also be an accomplishment for the subcommittee.

Accomplishments:

- The FEIS Subcommittee completed its charge and dissolved in December 2020 as the FAC was formally launched.

- Live Spanish translation during meetings, though challenging, was an accomplishment. Due to the virtual nature of meetings in 2020, participants were flexible and ensured Spanish-speaking members had time to hear the content of English-speakers translated in real time, as well as ask questions.
- Though meetings were virtual for the majority of the year, the subcommittee was nimble in acclimating to the new environment. Because of this flexibility, many resources and the constant flow of information was uninterrupted.

Lessons Learned due to the COVID-19 pandemic:

- More parents were able to join meetings as they were not in-person only.
- Providing Spanish translation services increased the participation of Spanish-speaking parents. Offering translations for all Early Learning Council meetings will increase accessibility to the body as a whole.
- Parents highlighted their concerns about the mental health of children as well as caretakers due to the pandemic. At least one person raised this concern at each meeting throughout the year. Similarly, remote learning was extremely challenging for parents; these concerns were also raised at each meeting.

All Families Served (AFS) Subcommittee

Goals:

- Serve more of the highest need children in high-quality early learning programs.
- Develop recommendations for improving access to early childhood education and care (ECEC) programs for children in priority populations.
- Develop recommendations for ensuring children from priority populations are able to participate in ECEC programs and services, and staff in those programs are prepared to support children from priority populations.

Challenges:

- Data on priority populations continues to be a challenge, especially as it relates to pandemic responses and efforts.

- Virtual services and resources are only helpful for those who have reliable internet connectivity, and we heard from members that lack of internet access posed a large barrier in activities surrounding the pandemic.

Accomplishments:

- Executed a survey on COVID-19 challenges and solutions. Sent recommendations to better support families in COVID response efforts to the Early Learning Council co-chairs.
- Initiated and aggressively embarked on work based on the charge set forth by Senator Morrison to the Early Learning Council (to create recommendations to improve access to high-quality early childhood services to children involved in the child welfare system).

Lessons Learned due to the COVID-19 pandemic:

- Communities successfully coordinated to ensure food items were distributed to families.
- Consistent and reliable internet connectivity is critical in a virtual universe; those without technology are adversely and severely impacted.
- Providers were greatly concerned for diverse and quality learnings and their progress without proper support, especially for children with special needs. Because priority populations are focused on basic needs, there was concern that e-learning had not been a priority and this would only widen the educational gap in students.

Ad Hoc Working Group of the All Families Served

Subcommittee: Improving Access to High-Quality Early Childhood Services for Children Involved in the Child Welfare System

Goals:

- Understand the state and federal policy landscape, as well as agency practice and operations, as it pertains to this initiative.
- Conduct a literature review on best practices for connecting children in the welfare system to early childhood education and care services.
- Consistently engage parents and families who have experience with the child welfare system in this work.

- Develop a 2021 research plan for recommendation development.

Challenges:

- Narrowing the scope of research: the subcommittee quickly realized the multiple avenues of possible study regarding topics that fall under the “children in the welfare system.” Choosing one (or a few) path(s) that will lead to recommendations became challenging.
- Peer reviewed journals yielded few results on these topics.
- The subcommittee requested an extension to June 2021 due to time constraints.
- Connecting with families involved in the child welfare system is neither simple nor easy; respecting their privacy and the sensitive nature of their experiences is priority for the working group. However, the group intends to implement meaningful qualitative research by engaging parents and providers, which is imperative for inclusive and equitable recommendations.

Accomplishments:

- Nearly thirty individuals formed a working group and met three times between October and early November 2020. Working group members included representation from early childhood advocacy organizations, providers, state agencies including the Illinois Department of Children and Family Services, the Illinois State Board of Education, the Governor’s Office of Early Childhood Development, and academia.
- In the short amount of time, the working group:
 - Reviewed early childhood systems, agency processes, and procedures for children and families in the child welfare system.
 - Examined early childhood policy at state and federal levels as it relates to children in the child welfare system.
 - Conducted a literature review of peer-reviewed studies on the topic of best practices for connecting children in the child welfare system to early care and education programs.
 - Reviewed available data-sharing resources and platforms as they relate to Illinois children in the child welfare system.

- Discussed past successful (and unsuccessful) strategies and attempts to better serve children in the child welfare system.
- Discussed best practices to engage parents, providers, caseworkers, and other stakeholders with various communities and experts.



Home Visiting Task Force (HVTF) Committee

Goals:

- Identify strategies to increase private and public investments needed to expand core intensive home visiting and institutionalize promising practices.
- Support investments to develop and maintain a stable, well-trained, and adequately compensated home visiting workforce.
- Advance racial equity and family voice within the home visiting system and ensure the HVTF is better positioned to draw on a diversity of backgrounds, perspectives, and interests to strengthen its functioning.
- Increase coordination and alignment across home visiting funding streams and improve the integration of home visiting within the broader early childhood system of prevention.

Challenges:

- Early in the pandemic, there were impressive state and national efforts to gather and report real-time data on enrollment, retention, workforce turnover, and other indicators about the health of the field. However, lacking a unified, real-time data reporting structure across the major funders, the HVTF has struggled to gather comprehensive data on the impact of COVID-19 on the state home visiting system, beyond gathering individual insights from programs and HVTF members. Beyond pandemic

response activities, the lack of available cross-funder data continues to pose challenges to the ability of the HVTF to assess trends in family engagement as well as local capacity issues.

- In early 2020, the HVTF had ambitious plans to advance recommendations to strengthen the home visiting workforce, including assessing compensation increases necessary to recruit and retain qualified providers. Level funding for home visiting in the FY21 state budget required the HVTF to pause and reassess workforce objectives, while the impact of the pandemic on the workforce required attention to staff access to vital resources like PPE and technology. Broadly, the HVTF was challenged to start new work as priorities for key state agencies and partners in the field were focused on the COVID-19 response.

Accomplishments:

- The HVTF [submitted comments to inform the development of a new strategic plan for the Maternal and Child Health Bureau \(MCHB\) of the Health Resources and Services Administration \(HRSA\)](#). MCHB has authority over the Maternal and Infant Early Childhood Home Visiting (MIECHV) program, and the HVTF is the designated advisory body for the Illinois MIECHV program. These recommendations outline the HVTF's priorities for home visiting services and system coordination, untapped opportunities for the MIECHV program including increased collaboration with Title V programs, and COVID-related needs of the field for continued flexibility to support virtual service delivery.
- The HVTF additionally worked to monitor home visiting-related activities of the Early Childhood Funding Commission and [produced recommendations for advancing cohesion and sustainability within the future state home visiting system](#). The Task Force's feedback was incorporated into the home visiting cost model portion of the Commission's Funding Adequacy Working Group recommendations. Additionally, in recommendations to the Funding Commission, the HVTF elevated the need to preserve an innovative stance within the future home visiting system and draw from lessons learned in [Illinois' innovative home visiting projects](#), which the HVTF continues to monitor and support.
- Marking a major accomplishment for the MIECHV program, the [2020 MIECHV Needs Assessment](#) was also completed and shared with the Task Force. Discussions continue about how to leverage the Needs Assessment

data for alignment on future funding opportunities, as well as targeted projects to improve supports for priority populations.

- The HVTF has prioritized strengthening connections between home visiting and Early Intervention (EI). Despite the impact of the pandemic on direct service numbers across these two sectors, MIECHV, Start Early, the Early Intervention Training Program, and other stakeholders continued to collaborate on training for home visitors and EI providers on improved referral pathways, including a training on using the fax back form, which should be released by March 2021.

Lessons Learned due to the COVID-19 pandemic:

- The HVTF has been continually impressed by the creativity and persistence of home visitors in working to meet the needs of families through virtual services throughout the pandemic year. Though enrollment declined somewhat, with variations across the funding streams, programs reported positive engagement with high rates of completed visits, continued completion of developmental and other screenings, and innovative solutions to connect families with supplies in the community to meet basic needs.
- Rapid surveying of the field by the MIECHV team/Center for Prevention Research and Development, as well as the Home Visiting Applied Research Collaborative (HARC) produced valuable insights into how home visiting programs were adapting to virtual service delivery, as well as the impact of the pandemic on the workforce. Among the key takeaways from this research was the importance of Infant/Early Childhood Mental Health Consultation (I/ECMHC) as a key workforce support, necessary to support staff in responding to heightened pandemic-related stresses for families with young children. Continued research into the mental health and other needs of the workforce will be necessary as virtual services continue.

Home Visiting Task Force Executive Committee

Goals:

- Monitor the health of the Illinois home visiting system, including tracking issues of enrollment, workforce stability, and funding allocation.

- Identify strategies to increase private and public investments needed to expand core intensive home visiting and institutionalize promising practices.

Challenges:

- Prior to the pandemic, the HVTF Executive Committee was readying to support the MIECHV team at GOECD in the rapid development of a plan to expand home visiting, preparing for new investments to expand services in line with the Governor's expressed vision of creating 500 new slots in FY21, and 12,500 new slots by FY2025. Lacking new funding for home visiting, the HVTF's service expansion goals had to be set aside.
- In addition to the data-related challenges experienced by the broader HVTF, in the absence of shared communication channels between the major funders of home visiting and the field, the HVTF Executive Committee encountered challenges in gathering up-to-date information on the COVID-19 associated needs of families and providers. The major funders continued to work through existing communication channels to solicit reports from the field and elevated the GOECD COVID-19 website as a single-source of relevant guidance for families and providers. However, the HVTF Executive Committee heard anecdotes that home visitors and families alike were overwhelmed by overlapping messaging on resources and restrictions, suggesting that additional efforts to align funder communications are still necessary.

Accomplishments:

- To support the transition of the MIECHV program to the Department of Human Services, the HVTF Executive Committee outlined [key considerations for IDHS](#) on the resources and flexibility necessary for the MIECHV program to continue serving as a connective vehicle for the statewide home visiting system.
- The HVTF Executive Committee also provided continual feedback to the major funders of home visiting, informing guidance on COVID-19 related safety, virtual visits, and restrictions on in-person contacts. In partnership with the major funders of home visiting, the HVTF Executive Committee considered the implication for services under the various phases of the Restore Illinois Plan and offered input on communication to programs about emerging guidelines.

- Marking a major accomplishment for PDG B-5 funded efforts, a [crosswalk](#) was completed of the Start Early Home Visitor Core Competencies, the Family Specialist Credential, and the Home Visitor CDA. The HVTF Executive Committee heard a presentation overviewing the major findings of this report and is working toward recommendations and follow-up activities aligned to the HVTF's workforce priorities.

Lessons Learned due to the COVID-19 pandemic:

- The HVTF Executive Committee has noted how the shift to virtual services and corresponding flexibility granted by state and federal home visiting funders has allowed the field to respond to COVID-19 and continue to meet the needs of families. The HVTF Executive Committee has additionally observed excitement at the national level about using virtual platforms and communication tools to serve hard-to-reach families who may traditionally have some hesitancy about allowing a provider into their home. However, with an eye to the need for additional data and research into which families may not be well served by virtual services, the HVTF Executive Committee has felt the need to caution that in-person, relationship-driven support for families is at the cornerstone of home visiting. Virtual home visiting should be considered by funders and systems leaders as a tool, used to supplement, not supplant, traditional in-person service delivery.

Home Visiting Task Force Sustainability Subcommittee

Goals:

- Pursue additional funding and other issues foundational to the health and expansion of the Illinois' home visiting system.
- Prioritize exploration of options for Medicaid reimbursement for home visiting and doula services and offer support to the Department of Healthcare and Family Services (HFS) as needed.
- Consult with the Department of Children and Family Services (DCFS) to support the implementation of the Family First Prevention Services Act (FFPSA) and strategize around how the expansion of home visiting services to child welfare involved families will intersect with other funding streams.

Challenges:

- Title IV-E dollars are regarded as the payer of last resort, creating questions about and potential barriers in integrating child welfare dollars and Medicaid funding into the state home visiting system. As the State awaits final approval of the DCFS's plan to expand home visiting services under the FFPSA, the subcommittee has had to pause conversations about the integration of Title IV-E dollars into the existing funding landscape and focus on first understanding the implications for Medicaid reimbursement.
- To inform the work of advocates and answer future implementation questions, the subcommittee has tried to assess the potential uptake of both home visiting and doula services under Medicaid reimbursement. The decentralized nature of the doula workforce has made it particularly difficult to assess current service/access levels, and the subcommittee has had to rely on analysis done in other states to estimate likely uptake of perinatal support services under Medicaid reimbursement. Further work is needed to understand how to fully integrate doula services within the managed care environment, including ensuring non-duplication of services and determining the appropriate processes for independent doulas not embedded within community-based organizations.

Accomplishments:

- The Sustainability Subcommittee produced [a set of recommendations regarding Medicaid coverage of home visiting and doula services](#), outlining key implementation questions that must be addressed to ensure that reimbursement mechanisms are effective, efficient, and responsive to the needs of the provider community and the families they serve.
- The Sustainability Subcommittee also supported the MIECHV team in successfully applying for a technical assistance opportunity on public insurance financing for home visiting provided by the National Academy for State Health Policy, which should help the MIECHV representatives from the Department of Healthcare and Family Services and the Department of Public Health concretize details for Medicaid reimbursement and leverage shared experiences from other states participating in the State Policy Institute.

Lessons Learned due to the COVID-19 pandemic:

- Relevant to ongoing federal efforts to include funding for home visiting in a new COVID-19 relief package, the subcommittee has observed

challenges to building a cohesive funding system for home visiting and has learned about the lack of flexibility for any infusion of federal dollars to provide support to families in non-MIECHV funded programs. This observation has heightened the Sustainability Subcommittee's desire to explore upstream blending of state and federal dollars to ensure the sustainability and cohesion of the statewide home visiting system.

- Despite the new economic hardships created by the COVID-19 pandemic, the "chilling effect" associated with the public charge rule continues. There are potential implications for the uptake of doula and home visiting services funded by Medicaid if families turn down or disenroll from non-cash public benefits fearing potential impacts on future green card applications or other immigration status or enforcement concerns. Implementation of Medicaid reimbursement for home visiting and doula should attend to residual public charge chilling effect fears, even if the rule is overturned at the federal level.



Integration and Alignment Committee (IAC)

Goals:

- Integrate and align early childhood programs and services to support program quality and seamless access for children and families.
- Maximize efficiency and quality of infrastructure investments across all types of early childhood services, and ensures the range of early childhood services and supports are connected so families experience a seamless system.

Challenges:

- There are several statewide initiatives that would significantly change the early care and education system in Illinois. As a result, the committee is challenged by the opportunities to provide structural changes to a system going through potentially fundamental changes. The committee has adjusted by continuing to work with stakeholders and Early Learning Council leadership to identify streams of work that respond to current needs that support increased access to high-quality services.
- Access to timely data remains a challenge for the committee and its subcommittees. The continued challenges with accessing available data make it difficult for stakeholders to complete relevant analysis of programs.

Accomplishments:

- In response to the COVID-19 pandemic, the Integration and Alignment Committee partnered with the Illinois State Board of Education (ISBE) to host a question-and-answer session that resulted in stakeholders being able to ask clarifying questions about the ISBE's programmatic guidance for Early Childhood Block Grant (ECBG) funded programs.
- The committee offered a crosswalk of all the State's current initiatives including the Prenatal to Three (PN3) Agenda, the Early Childhood Funding Commission, and the PDG B-5 grant to demonstrate the alignment of the efforts and how they serve to advance the Administration mission, vision, and strategic plan for early childhood systems in Illinois.

Lessons Learned due to the COVID-19 pandemic:

- The COVID-19 pandemic presented several opportunities to be proud of the work that Illinois has done to pivot quickly to offer a range of modalities for children and families to be able to continue to access services. Services like home visiting, Early Intervention, and child care remained a lifeline for families across the State, and providers in family, community-based, and school settings adapted to provide essential services.

Data, Research, and Evaluation (DRE) Subcommittee

Goals:

- Act as a thought partner and convener to inform, support, and respond to data initiatives, projects, and concerns across the State.
- Guide the development and implementation of a unified data system, research initiatives, and quality program and system evaluations to provide better information to support and further improve early childhood programs throughout the State.
- Identify and elevate the data challenges of the Illinois early learning community.

Challenges:

- Data quality and limitations persist. The DRE continues to engage stakeholders by elevating needs and gaps. Data remains fragmented and

limited; in too many cases data is not easily available in an actionable form, and the State does not have an inclusive distinct count of children enrolled in services. Data challenges also persist with Head Start/Early Head Start. There are many data vendors and grantees in Head Start/Early Head Start in Illinois. The Head Start model is not geared towards reporting towards one single Illinois data set. These data challenges make it difficult to identify targeted and effective solutions to support priority populations and to ensure that Head Start services can be appropriately factored into slot allocation for other programs in communities.

- Data access continues to be a challenge for the early childhood field. Retrieving available data from state agencies has, at times, been met with bureaucratic hurdles. These hurdles add a layer of complexity to completing data analysis in a timely manner.

Accomplishments:

- The DRE completed a full update of the Early Learning Council's research agenda with priority questions in 2019. The goal of the Research Agenda is to have a small number of questions identified as key priorities to inform researchers and funders of research. Given the impact that the COVID-19 pandemic has had on our State and the early learning community, the DRE updated the research agenda to include potential priority questions specifically related to the impact of COVID-19.
- The DRE remained a thought partner to key partners in several ongoing research and data initiatives. The subcommittee provided input on the ongoing work to create a distinct count of children served in different early childhood programs; provided feedback on ISBE's Educator Supply and Demand report; continued to help GOECD and the Home Visiting Task Force in developing recommendations on home visiting data; and continued to provide support for the improved use of KIDS data, including identifying some deeper analysis that would be useful to the field.

Lessons Learned due to the COVID-19 pandemic:

- The COVID-19 pandemic underscored the urgency for clear and actionable data for the early learning and care community. This includes data on children served and data on programs and the workforce. Our lack of data infrastructure was an impediment to our COVID-19 response, and as we build back the system better, improved access to data will be critical to

identifying and implementing policies that will have beneficial outcomes for children and families.

- Data remains essential to any strategy designed to promote equity, and the DRE's COVID-19 research agenda included a focus on supporting the Administration to reach priority populations and close service gaps.

Inclusion Subcommittee

Goals:

- Develop guidance for Local Education Agencies (LEAs) on how to best collaborate with and support early childhood programs to serve children in high-quality inclusive settings.
- Monitor and identify areas to support inclusion-related work being undertaken through PDG B-5 planning.
- Increase the availability of and access to intermediate-level inclusion training.

Challenges:

- Early in 2020, the subcommittee had to pause efforts to advance a refreshed set of recommendations regarding increasing inclusion in child care due to changes in the Child Care Advisory Council meeting schedule and priorities.
- Broadly, as priorities for key state agencies and partners in the field shifted toward COVID-19 response, the subcommittee encountered difficulty advancing new work. Additional meeting time was allocated to COVID-19 updates, and it was challenging to ask members to volunteer for new projects when bandwidth was already stretched thin and devoted to responding to pandemic-related service access issues.

Accomplishments:

- In early August, the subcommittee heard a presentation from Stacey Leatherman, 2019-20 LEND Fellow, about the results of her research into the experiences of parents of children with special health care needs in accessing child care in Western and Central Illinois. Building on the takeaways from Stacey Leatherman's research, the subcommittee [submitted comments](#) to the Maternal and Child Health Bureau to inform

the development of a “Blueprint for Change: Guiding Principles for Advancing the System of Services for Children and Youth with Special Health Care Needs and Families.”

- The Inclusion Subcommittee supported INCCRRA in a review of the Welcoming Each and Every Child training and offered suggestions to increase content around racial equity and implicit bias, the principles of inclusion, and family engagement, which resulted in new content in the updated training.
- The subcommittee continued to monitor and provide feedback on several systems-level initiatives, including hearing regular updates on inclusion-related PDG B-5 work, tracking the development of the Early Childhood Technical Assistance Center project and activities of the state leadership team, and hearing recommendations emerging from the Inclusion Working Group of the Funding Commission.

Lessons Learned due to the COVID-19 pandemic:

- The subcommittee continued to hear about barriers in engaging families in remote services including accessing remote Early Intervention (EI) and Early Childhood Special Education (ECSE) services, conducting virtual developmental screenings and evaluations for children entering and aging out of EI, and providing access to technology supports to families and/or disseminating new resources to families who may be otherwise overwhelmed with public health and other information. The subcommittee learned about the barriers faced by priority populations during COVID-19 through the survey efforts of the All Families Served Subcommittee and continues to explore follow-up activities. Overall, the subcommittee observed that service numbers for EI and ECSE are down compared to prior years, stemming from difficulties in both reaching and keeping families engaged in services. Impacting the priority of long-term planning, the immediate need is to build back to pre-pandemic service and engagement levels.
- The subcommittee heard from members about the difficulty communicating with families as direct lines of communication were not utilized to reach families in EI or ECSE services. Both IDHS and ISBE continue to provide updates and resources through websites, social media, and direct provider communication, but the subcommittee is aware that families may still lack clarity on existing service options in the virtual environment.

Health Subcommittee

Goals:

- Determine how early childhood providers can work together to reach common goals and partnerships with Medicaid Managed Care Organizations (MCOs), while promoting racial equity.
- Help early childhood providers and families better understand Medicaid and other health insurance/healthcare options.

Challenges:

- Scheduling and bandwidth were challenges for this subcommittee given the constraints imposed by the COVID-19 pandemic.

Accomplishments:

- Co-chairs of the Health Subcommittee worked with the Illinois Association of Medicaid Health Plans (IAMHP) to establish a standing item for IAMHP on the subcommittee meeting agenda to ensure coordination between the early childhood field and Medicaid Managed Care Organizations.
- Representatives from the Illinois Early Childhood Asset Map (IECAM) presented on their work and received input from the subcommittee on the type of data they would like to see added to IECAM related to children's health.
- The Health Subcommittee meeting served as a venue for cross-sector collaboration and sharing of information and resources related to meeting the needs of families with young children during the COVID-19 public health emergency.
- The Health Subcommittee discussed the reduction in number of children receiving immunizations and well visits and engaged in efforts to work with early childhood providers to support families to access these services.

Lessons Learned due to the COVID-19 pandemic:

- There is a need for systems to reach communities and families with the timely, accurate information they need to be able to access available resources and supports, communicate their needs and challenges, and make informed decisions about their health and the health of their children.

Community Systems Development Subcommittee

Goals:

- Serve as an advisory body to initiatives developing and driving community systems work including guiding, informing, and recommending best practices.
 - Advise the development of ways to define and measure the effectiveness of community systems, incorporating a racial equity lens to assess and address disparities.
 - Advocate for the importance of a statewide system for community collaboration.
- Advance access to resources to guide community systems work.
 - Draft recommendations to increase availability of data to local collaborations, including data disaggregated by race/ethnicity.

Challenges:

- Access to data that is timely and useful at the community level continues to be a challenge in both the subcommittee work and to the effective functioning of community systems.

Accomplishments:

- Formed the Race Equity Workgroup to create actionable guidance for community collaborations to incorporate a racial equity lens to assess and address disparities.
- Formed the Measures and Outcome Workgroup to create guidance for local community collaborations and align and support the recommendations to the Early Childhood Funding Commission.
- Supported surveys from early childhood collaborations to gather input and insight on how COVID-19 impacted the early childhood field and communities locally.
- Provided input on regional/local infrastructure to the Early Childhood Funding Commission in partnership with Illinois Action for Children, Start Early, and the Grand Victoria Early Learning Leadership Circle.

Lessons Learned due to the COVID-19 pandemic:

- Communities that had an early childhood collaboration were more quickly able to respond to the needs in the community and leverage their partnerships.
- Early childhood programs and collaborations were viewed as a trusted source of information by families. Therefore, it is critical that they receive timely information from state agencies to share with families.



Quality Committee

The purpose of the Quality Committee is to increase the comprehensiveness and effectiveness of early childhood services in supporting the healthy growth and development of all young children birth to age five, especially those with the highest needs. The Quality Committee's charge is twofold:

- Ensure a coordinated early childhood system of aligned standards, professional development, monitoring, and support through oversight of the ExceleRate Illinois QRIS.
- Ensure early care and education professionals, including center directors and principals, have the knowledge, skills, and are fairly compensated to effectively support the development and learning of all young children in Illinois.

Goals:

- Promote and advance the integration of continuous quality improvement policies and practices through alignment of early childhood services that support the healthy growth and development of all young children birth to age five, especially those with the highest needs.
- Ensure early care and education educators, including leaders, are professionally qualified and compensated, possessing the knowledge and skills to nurture and support the development and learning of *all* children in Illinois.

Challenges:

- Much of the quality work is being moved forward by other groups (e.g., Professional Development Advisory Council, PN3 Policy Committee, Chicago Early Childhood Workforce Alliance); the challenge has been coordinating efforts and keeping all stakeholders informed and engaged.

Accomplishments:

- Work this year was accomplished through the ExceleRate Subcommittee (see below).

Lessons Learned due to the COVID-19 pandemic:

- Finding the right supports and building the most effective pathways for early educators to attain degrees, credentials, and licenses will require additional resources to address the technology and broadband needs of the workforce.

Subcommittee: ExceleRate Subcommittee**Goals:**

- Continue to develop a revised framework of ExceleRate quality standards for center-based and school-based programs based on the subcommittee's earlier document, [Vision for ExceleRate Quality System and Funding System Integration](#).
- Advise GOECD on implementation of the ExceleRate Child Care Center Pilot Project.
- Identify effective Continuous Quality Improvement practices in Family Child Care and begin development of revised standards to support those practices.

Challenges:

- While the new framework addresses salaries and staffing patterns, its success requires access to higher education supporting Gateways credential attainment. Many entry level educators from the communities served, who reflect the children's races, ethnicities, and languages, are eager to build careers. GOECD is supporting a number of initiatives in this area, but scale-up is urgently needed.

Accomplishments:

- Completed two revisions of the standards framework organized in five domains: Staffing & Salaries, Culture of Improvement, Program Administration, Teaching & Learning, and Family & Community Engagement.
- Helped GOECD refine standards to be tested in the ExceleRate Pilot.
- Drafted evaluation questions for the ExceleRate Pilot.
- Established a Family Child Care Workgroup to identify Continuous Quality Improvement practices. The workgroup highlighted two foundational elements, building trust and making connections.

Lessons Learned due to the COVID-19 pandemic:

- The crisis has revealed that health and mental health standards and supports need to be strengthened.

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